

Cambell County Juvenile Drug Court Evaluation

June 1, 2000--April 30, 2001

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Prepared by

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Executive Summary

The Campbell County Juvenile Drug Court is firmly grounded in the Key Components established by the Drug Court Programs Office (DCPO) detailing the essential elements needed for an effective program. This program was established through a DCPO planning grant in 1998 to address the needs of drug-involved youth (ages 8-17) in Boone, Campbell, and Kenton counties in Northern Kentucky. It has matured into a fully implemented program, and the current report provides a detailed description of the major components, structural characteristics, and procedures that define the operational characteristics of this Juvenile Drug Court. In addition to reviewing the functional operations of the Campbell County Juvenile Drug Court, during-program outcome data were examined and findings are presented in the second part of this report.

The implementation of the Campbell County Juvenile Drug Court since the last time it was evaluated (see Logan, Lewis, & Leukefeld, 2000) has proceeded well, and this program appears to be having a positive impact on the youth who participate in it. A review of program records showed that the number of clients participating in the Juvenile Drug Court has grown three-fold since April of 2000 to 19 youth in April of 2001. A total of 25 clients were admitted to the program between June 2000 and April 2001, and the average monthly caseload for this program was 15 clients. The active monthly caseload peaked at 21 in March 2001, and the maximum capacity of the program is 25. The majority of the clients seen by the Juvenile Drug Court were male (84%) and white (96%). About one-half (48%) were between the ages of 13 and 15 years old. Their primary drug problem was marijuana use, and 13% lived in foster care (the remaining 86% lived at home with their parents).

Excellent progress in the interlinking of the Juvenile Justice and Community Treatment systems represented in the Campbell County Juvenile Drug Court was evident from the data. Not only has the number of clients participating in the program grown, but the intensity of the supervision and treatment provided to them also has increased markedly. Thirty-three drug court sessions were held, representing 356 contacts between the youth and the Judge. A total of 853 urine screens were collected, and this increased from an average of 2.9 screens per client per month in June 2000 to an average of 5.6 in April 2001. The number of treatment sessions provided by NorthKey increased from 23 in June 2000 to 32 in April 2001. This represents a growth from 26 treatment contacts per month to 106 treatment contacts per month

Combining supervision and treatment in the Juvenile Drug Court model appears to be having a positive impact on the youths' behavior. The majority of the clients were "retained in treatment," and 2 clients successfully completed the program. Most (76%) clients remained arrest free while they were in the Juvenile Drug Court program. Only 6 clients were arrested for new criminal behavior, and all but one of these arrests were for misdemeanor offenses only. In terms of drug use, 24% of the clients did not test positive for drugs on urine screens. Marijuana use accounted for most of the positive urine screens. Very little use of narcotic drugs was apparent. Eight-six percent of the youth did not test positive for cocaine use, 95% did not use opioids, 81% did not use sedatives, and 91% did not use amphetamines. The Juvenile Drug Court also had a positive impact on "drug-free" pregnancies. Three of the female clients were pregnant while in drug court, and a review of their program records showed that they had achieved sobriety during their stay in the program and were not actively using drugs according to urine screen results. Finally,

several of the clients also were employed while in Drug Court. Drug Court, therefore, appears to reduce criminal involvement and drug use among youth, and improve social functioning.

Findings in the current report suggest the following recommendations. The first recommendation is that Campbell County Juvenile Drug Court continues the work that it has begun. Initial findings regarding the during-treatment performance of the youth are encouraging, and the Juvenile Drug Court has a real potential for making a positive change in the lives of these individuals and in the community. The second recommendation focuses on the need to admit additional clients to the program, up to the total capacity of 25 clients. Increasing the number of youth who are provided supervision and treatment in Juvenile Drug Court might further increase the impact of this program. Finally, Drug-involved pregnant teens is an emphasis area that obviously deserves special attention and additional funds to expand services and treatment slots to better meet the needs of these young women and their children (especially because the program already has had one “drug-free” baby born, and the three pregnant youth currently in the program have been “clean” for several months). Related to this is the need for additional resources to help provide sex education to these teens whose high rates of unprotected sex with multiple partners put them at particular risk for sexually-transmitted diseases and HIV/AIDS. The drug court staff is committed to making a positive change in each youth and in the community as a whole, but funding and staffing concerns limit their ability to expand their sphere of influence beyond its current range and threaten the longevity of this well-established program. Finally, although the current report focuses primarily on the use of illicit drugs, it should be noted that alcohol use by minors also is illegal. This program

addresses the use of both illegal drugs and alcohol, along with a multitude of social and developmental problems, which are not necessarily reflected in the findings of this report. Additional research is needed to measure additional “success” indicators, because the Drug Court represents an intensive intervention that focuses on all of these issues.

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BACKGROUND AND SIGNIFICANCE

Need for Juvenile Drug Courts

Between 1989 and 1998, national juvenile arrests for drug abuse violations increased 86% and arrests for curfew and loitering violations increased 178% (Office of Juvenile Justice and Delinquency Programs, OJJDP, 1999). An estimated 2.6 million juvenile arrests were made in 1998, which accounted for 18% of all arrests in 1998 (OJJDP, 1999). In addition, juveniles were involved in 13% of all drug abuse violation arrests in 1998 (OJJDP, 1999). In the majority of sites reporting on drug use among juvenile arrestees, more than half of the juvenile males tested positive for at least one drug (Arrestee Drug Abuse Monitoring System, 1999).

The statistical guide of the Kentucky State Police shows that from 1996 to 1997 alcohol and drug arrests for juveniles in Boone, Campbell, and Kenton Counties (the geographic area serviced by the Campbell County Juvenile Drug Court) more than doubled, with an annual increase of 121%. Furthermore, in Kentucky, children as young as 14 can be considered youthful offenders, tried as adults, and incarcerated to serve a majority of their young lives behind bars. The use of alcohol, marijuana, paint huffing, crack, and other drugs, combined with problems at home, school, and with peers, contribute to youth becoming involved in the juvenile system until age 18, and then being transferred to prison to complete their sentences as adults.

Substance use for adolescents is in many ways normative behavior (Kaminer and Tarter, 1999). By age 18, almost 80% of youths in the U.S. report having drunk alcohol, 64% report smoking cigarettes, and 50% report using marijuana at least once (Johnston et al., 1996). For young adolescents, drug and alcohol abuse reduces motivation, interferes

with cognitive processes, contributes to mood disorders, has implications for immediate and long-term physical health, and increases the risk of accidental injury or death (Hawkins, Catalano, & Miller, 1992; Paglia & Room, 1998). In addition, early substance use and abuse is associated with a variety of other risk factors including early and frequent sexual intercourse (which is associated with STDs, HIV, and unwanted pregnancies) as well as delinquency and later criminal activity (Ball et al., 1982; Dembo et al, 1991; Elliott, Huizinga, & Menard, 1989; Jessor & Jessor, 1977; Speckhart & Anglin, 1985; Watters et al., 1985). For society at large, adolescent substance abuse is related to a high cost in health care, educational failure, mental health services, drug and alcohol treatment, and juvenile crime. Treatment for juvenile delinquency has not been overwhelmingly successful. For example, Lipsey (1992) conducted a comprehensive meta-analysis of juvenile delinquency treatment and found that overall there was a modest treatment effect, but there were certain circumstances in which treatment was much more effective than others although the circumstances of effectiveness were not readily apparent. In response to the juvenile delinquency and substance abuse, and to the search for better outcomes with juvenile populations more than 72 juvenile drug courts have been established across the nation as of June 1999 (Cooper, 1999). However, juvenile drug court models are still being established, and it is not clear what works best in a juvenile drug court. Because the field of juvenile justice is in a constant state of flux, evaluation efforts clearly are needed to provide “snapshots” of established juvenile drug courts. **Therefore, the focus of the current report will be to provide a detailed description of the Campbell County Juvenile Drug Court and to describe preliminary outcomes of clients seen in this program. This report will meet these 2 objectives:**

- 1. Provide an in-depth description of the Campbell County Juvenile Drug Court. This will include summarizing program goals, components, structure, procedures and process, and caseload.**
- 2. Describe program outcomes, summarizing the impact of the Drug Court on the lives of its clients. Measures will include treatment retention, arrests and re-incarceration, drug use, employment, drug-free pregnancies, and referrals to intensive treatment.**

Drug Courts in Kentucky

The motto for Kentucky Drug Courts is “A chance...a change.” Kentucky’s Drug Courts are aligned with hundreds of Adult and Juvenile Drug Courts in operation across the United States. The mission of Kentucky’s Drug Courts is to create a criminal justice environment that stops illicit drug use and related criminal activity and promotes recovery and resocialization.

Adult and Juvenile Drug Courts in Kentucky are grounded in the Key Components described in the publication Defining Drug Courts: The Key Components (Drug Court Programs Office, 1997). These Key Components were developed by the Drug Court Standards Committee to ensure that a core set of standards were defined for all Drug Court programs (see Table 1) to follow. Although the Key Components were developed originally for adult Drug Courts, they generally are adapted as guidelines for Drug Courts for adolescents as well. In exchange for successful completion of the Drug Court program, the Judge may choose to dismiss the client’s original charge, reduce or set aside a sentence, offer a lesser penalty, or use a combination of these rewards. Drug Courts transform the roles of both criminal justice practitioners and Alcohol and Other Drug (AOD) treatment providers as they collaborate with each other in an attempt to help the adolescent offender to learn to live drug-free, crime-free prosocial lives. A balance is struck between the need for intensive supervision (ensuring public safety and offender accountability) and focused

treatment on the many treatment needs evident in adolescents who abuse drugs. Family therapy, chemical dependence therapy, relapse prevention, anger management, stress management, education, employment, life skills, structure, responsibility, accountability, and impulse control are only a few of the areas that Juvenile Drug Courts must address in order to have a favorable impact on the juvenile offender, and the community as a whole. The Judge is the central figure in the Drug Court, which is a team effort that focuses on offender sobriety and accountability as its primary goals. As the central authority figure for the team, the Judge acts as both “parent,” advocate, and instructor. This fundamentally shifts the relationship between the judge and offender from being an “adversary” and punisher, to being a “mentor” and socializing agent.

Table 1. Drug Court Key Components

1. Drug Courts integrate alcohol and other drug treatment services with justice system case processing.
2. Using a non-adversarial approach, prosecution and defense counsel promote public safety while protecting participants’ due process rights.
3. Eligible participants are identified early and promptly placed in the Drug Court program.
4. Drug Courts provide access to a continuum of alcohol, drug, and other related treatment and rehabilitation services.
5. Abstinence is monitored by frequent alcohol and other drug testing.
6. A coordinated strategy governs Drug Court responses to participants’ compliance.
7. Ongoing judicial interaction with each Drug Court participant is essential.
8. Monitoring and evaluation measure the achievement of program goals and gage effectiveness.
9. Continuing interdisciplinary education promotes effective Drug Court planning, implementation, and operations.
10. Forging partnerships among Drug Courts, public agencies, and community-based organizations generates local support and enhances Drug Court effectiveness.

Source: Drug Court Programs Office (1997, January). Defining Drug Courts: The Key components.

History and Development of the Campbell County Juvenile Drug Court

The Campbell Juvenile Drug Court was the second Drug Court for adolescents founded in the State of Kentucky, and the first to be funded under the Kentucky Administrative Office of the Courts. The Campbell Juvenile Drug Court program began as a planned pilot program on June 10, 1998, when it received a \$40,960 planning grant from the Office of Justice Programs Drug Court Programs Office. Judge D. Michael “Mickey” Foellger, along with the representatives from Department of Juvenile Justice, area treatment providers, and other local officials, initiated the planning grant application. Community linkages were established with the local schools, the Health Department, and local employers in order to prepare an effective Drug Court program.

After much planning, the Campbell County Juvenile Drug Court began as a pilot program in August 1999, serving eight clients. At this time, pilot program clients received substance abuse treatment from the Brighton Center. Eventually, additional funding was provided through a Community Juvenile Justice Partnership Grant for the implementation of the Campbell Juvenile Drug Court program.

The operational Campbell County Juvenile Drug Court program began in November 1999. Clients initially received treatment from the Brighton Center, but in February 2000, the Brighton Center became defunct. As a result, the NorthKey Comprehensive Care Center, which is the local public mental health care provider, was awarded the bid to become the primary treatment provider of the Campbell Juvenile Drug Court program in March 2000 through a memorandum of agreement executed with the Administrative Office of the Courts to last for a one-year period. Cornerstone, Inc. was the

original service provider contracted for performing frequent urine screens for illicit drug use, but after Cornerstone went out-of-business, NorthKey also assumed this role.

A grant application (Fiscal Year 2000-2001) for continued funding was submitted to the Community Juvenile Justice Partnership group, and this was approved providing \$59,978 for Drug Court operations. NorthKey provided a match in the amount of \$79,200 to provide treatment services. Another Community Juvenile Justice Partnership grant has been submitted for fiscal year 2001-2002.

The Campbell County Juvenile Drug Courts differs from adult Drug Courts in Kentucky in its focus on the special needs of drug-involved adolescent offenders. This program must address the special needs of this group which include (1) the negative influences of peers, gangs, and family members, (2) the needs of the family, especially families with substance abuse problems, (3) confidentiality requirements for juvenile proceedings while obtaining information necessary to address the adolescent's problems and progress, and (4) motivation for juvenile offenders to change, especially given their sense of invulnerability and lack of maturity.

METHODOLOGY

Participant Observation

Two researchers from the University of Kentucky observed one Campbell County Juvenile Drug Court Session, and data were coded using a protocol developed by Satel (1998) during a national study of 15 adult Drug Court programs. This allowed for a more systematic description of the interactional (exchanges between the judge, court staff, and clients) and environmental variables (physical characteristics of the setting) of the drug court session. This method involved coding the session on 17 specific characteristics that

focused on the interaction between the juvenile drug court judge and clients (including eye contact, physical proximity of the judge to the client, who is addressed first by the judge, whether the judge/client remain throughout the entire session, time spent with each client) and court room setting (including seating arrangements, proximity of the judge and clients, and ambient noise level). The protocol was modified to include whether the parent or the client were addressed by the judge first. A copy of the observation code sheet is included in Appendix A.

Program Records Review

Information resources used during the current evaluation included the findings from prior evaluations, client records, monthly statistical reports, and quarterly reports. No personal identifiers were coded at any time during the course of this study, thus ensuring confidentiality and anonymity. The program records sources are summarized below.

Prior evaluation reports. The Campbell County Juvenile Drug Court has participated in 2 previous evaluations with the Center on Drug and Alcohol Research (CDAR) at the University of Kentucky. Dr. TK Logan, an associate professor at CDAR, completed an evaluation and report of the planning phase of this program (Logan, Williams, Leukefeld, & Lewis, 2000), and this report was entitled Campbell Juvenile Pilot/Planning Grant Drug Court Program Process Evaluation. An even more detailed process evaluation also was completed by Dr. Logan, including extensive interviews with key stakeholders (Logan, Lewis, & Leukefeld, 2000). Findings are summarized in the report entitled Campbell Juvenile Drug Court Program Process Evaluation. This previous work is incorporated into this current report, and the 2 prior reports provided the foundation for the current evaluation to build upon and extend.

Client records. The University of Kentucky Medical Institutional Review Board (IRB) approved the current evaluation and indicated that because no personal identifiers were coded from agency records that the study met federal criteria for “waiver of informed consent.” Following IRB approval, University of Kentucky research staff coded records of each of the 25 clients who had received services in the Campbell County Juvenile Drug Court between June 1, 2000 and April 30, 2001 using a standard data collection protocol. This time interval was selected because it follows in “lock-step” with the time periods covered by the 2 previous evaluation reports (see above) and because program records were complete for this time interval. Information coded from files include demographic information (i.e., age, race/ethnicity, gender, living arrangements) and outcome indicators like time-in-treatment, new arrests and re-incarcerations, results from urine screens for illicit drug use, phase promotions and demotions, and type and frequency of sanctions.

Monthly statistical reports. The Campbell County Juvenile Drug Court makes monthly reports to the Administrative Office of the Courts. For each month, these reports summarize the number of candidates referred, the number assessed, the number of individual drug screens, number of candidates eligible, and the number transferred from probation. Also reported are the number of participants receiving phase promotions or demotions, the number of court sessions, the number of participants identified as using an illicit substance based on urine drug screens, the number of individual sessions, the number of group sessions, the number of family/support sessions, the number of participants referred to outside agencies, employment and educational status of clients, number of employment and housing verifications, amount paid toward court obligations, the number of sanctions, the number of participants rearrested for new charges, the number of

terminations, and total number of active participants in the preceding month. For the current evaluation, the monthly statistics reports covering June 2000 until April 2001 were reviewed and coded for data.

Quarterly reports. Quarterly reports also are provided to the Administrative Office of the Courts every three months. These reports provide a narrative of significant activities and accomplishments of the Campbell County Juvenile Drug Court including trainings attended, contact with community stakeholders, and milestones achieved. They also summarize the monthly statistical reports. For the current evaluation, 3 quarterly reports were reviewed covering the time span of July 1, 2000 until March 31, 2001.

Focus Group

A focus group was held with the Campbell County Juvenile Drug Court team to facilitate the completion of a logic model of the program operations (Harrell, 1996). A script (included in Appendix B) was adapted from the Bureau of Justice Assistance to facilitate this focus group. The protocol cleared the University of Kentucky Medical Institutional Review Board, which approved this part of the study, granting it a waiver for “documentation of informed consent.” Focus group members were given a script (also in Appendix B) indicating that participation was voluntary and that researchers could not ensure confidentiality or anonymity of response. They were then provided with a series of questions that asked them to identify the target population served by the Campbell County Juvenile Drug Court, to list program goals (the expected results), to describe outputs (short-term progress indicators) and activities (specific actions taken and services provided to effect both outputs and goals), and to record other model components like resources (e.g., materials and personnel available), antecedent/background (i.e., common client risk

factors) and mediator variables (such as additional services to which a client might have had access to but were not necessarily controlled by the juvenile drug court). Finally, logical causal links were discussed, identifying the integral part that each component plays in the program.

PROGRAM DESCRIPTION

Location

The Campbell Juvenile Drug Court program is located in Northern Kentucky. Northern Kentucky is the name often given to Boone, Kenton, and Campbell counties, the northernmost counties in the state, and all lie within the greater Cincinnati, Ohio metropolitan area. It currently serves the Campbell County area and clients from Boone and Kenton counties as well. The population estimates for each of these counties in 2000 were: Campbell—88, 616, Kenton—151, 464, and Boone—85, 991. Drug court sessions are held in the District Courthouse in Newport Kentucky, and the primary Campbell County Juvenile Drug Court program office is housed there as well. The Campbell County Juvenile Drug Court is a part of the larger Northern Kentucky Drug Court program, which is also comprised of the Campbell County Adult Drug Court and the Kenton County Adult Drug Court. Program offices also are located in Covington, Kentucky. Kenton County also is planning to open a Juvenile Drug Court.

Logic Model

The logic model is one method for describing a program in a standardized manner (Harrell, 1996). Data collected during a focus group with program faculty were used to complete the logic model of the Campbell County Juvenile Drug Court shown in Figure 1. The target population for this program is drug-involved youth who are on probation for a

drug-related crime. The entire family of the youth also is viewed as a “treatment” participant. Pregnant youth have been admitted several times to the program and based on initial successes of this Drug Court with this group; additional concern was expressed for specifically targeting this group for intervention by screening all pregnant offenders who are involved in Juvenile Court for possible diversion into the Juvenile Drug Court.

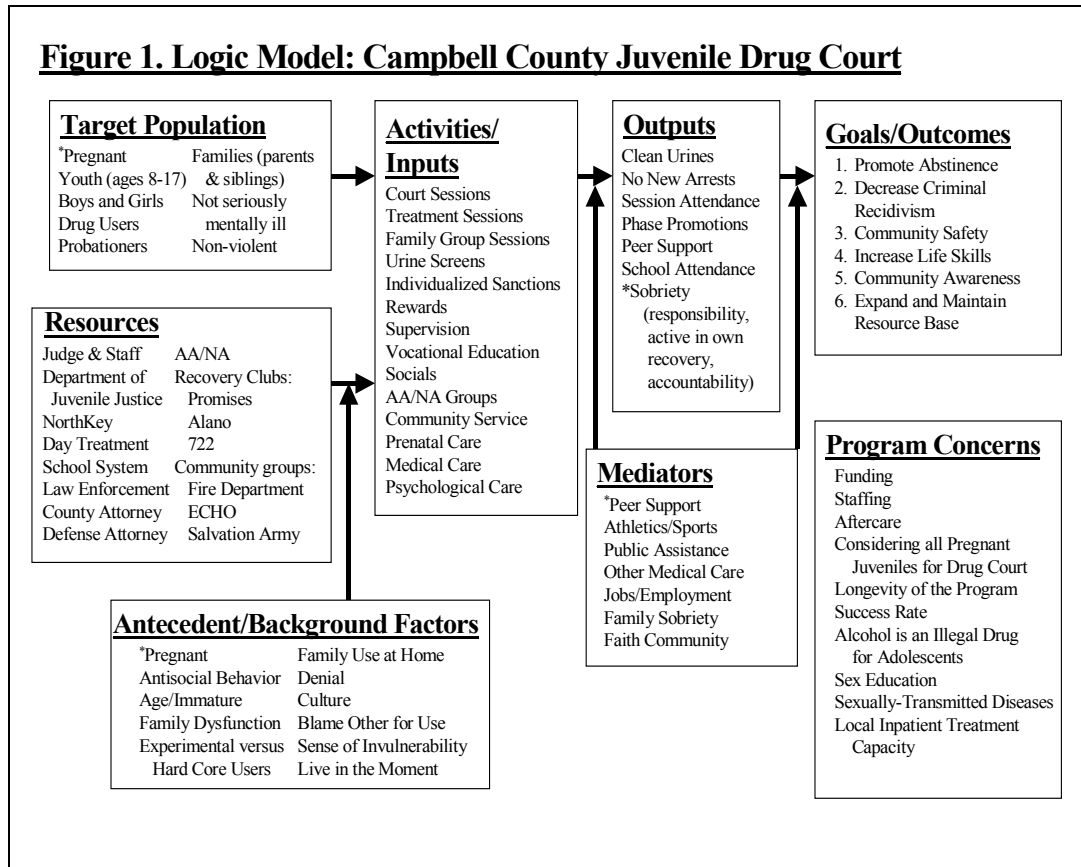
A variety of resources are available for intervention with drug-involved youth, like the key members of the Juvenile Drug Court team (i.e., Judge, Drug Court Staff, Department of Juvenile Justice, Community Treatment, Law Enforcement, and the County and Defense attorneys). Recovery focused groups that connect youth with AA/NA include Promises, ALANO, and 722. Finally, a number of community groups provide resources including local fire departments, the Salvation Army, and ECHO (an interfaith agency that provides meals to needy and homeless people).

Long-term goals for the program include clients abstaining from drug use, stopping criminal behavior, and increasing life skills. Short-term progress toward the long-term goals include clean urine screens, having no new arrests, attending school and scheduled treatment sessions, providing peer support, and achieving sobriety (a state that emphasizes accountability, responsibility, and active participation in one’s own recovery). A number of activities are focused directly on these long-term and short-term goals, including Drug Court, treatment and family treatment sessions, urine supervision, individualized sanctions and rewards, vocational education, and AA/NA support groups. Prenatal care is mandated for pregnant youth, and primary medical and mental health care referrals are made when needed. Major antecedent influences (characteristics that are particularly in need of additional services) on the Drug Court include pregnancy among the young women,

antisocial behavior and attitudes, family dysfunction and drug use by parents and sibling at home, experimental use versus being enmeshed in drug addiction, and the tendency for the juveniles to be very immature, in denial, blame others for their problems, and to perceive themselves as being invulnerable. Mediators or mitigating factors that are not under the direct control of the Drug Court, but that could have an additional positive impact on the clients include peer support, involvement in athletics and sports, public assistance programs (providing food, transportation, and medical care), employment, family sobriety, and the faith community.

Finally, a number of specific concerns were articulated during the focus group session. The drug court staff is committed to making a positive change in each youth and in the community as a whole, but funding and staffing concerns limit their ability to expand their sphere of influence beyond its current range and threaten the longevity of this well-established program. Drug-involved pregnant teens is an emphasis area that obviously deserves special attention and additional funds to expand services and treatment slots to better meet the needs of these young women and their children (especially because the program already has had one “drug-free” baby born, and the three pregnant youth currently in the program have been “clean” for several months). Related to this is the need to provide sex education to these teens whose high rates of unprotected sex with multiple partners put them at particular risk for sexually-transmitted diseases and HIV/AIDS. Furthermore, long-term residential treatment for Juveniles is not available locally, and there does appear to be a very real need for this level of care for some of the youth who participate in Juvenile Drug Court. Finally, although the current report focuses primarily on the use of illicit drugs, it should be noted that alcohol use by minors also is illegal. This

program addresses the use of both illegal drugs and alcohol, along with a multitude of social and developmental problems, which are not necessarily reflected in the findings of the report. More research is needed to measure these additional “success” indicators, because the Drug Court represents an intensive and complex intervention that focuses on all of these issues.



Goals

The primary goals (shown the logic model and in Table 2) of the Campbell County Juvenile Drug Court program are to increase abstinence and coping skills and to decrease criminal recidivism among youth who abuse alcohol and other drugs. Family participation also is viewed as being critical to the success of the Juvenile Drug Court, so improving the functioning of family systems also is a goal of this program. The overall mission of the

Campbell Juvenile Drug Court program is to reduce or eliminate drug abuse and dependence in the juvenile population in the communities (thus promoting public safety) it serves by meeting a set of objectives that include, teaching the youth and their families better ways of coping with life; helping them to adjust to a drug-free lifestyle; enhancing employment skills; and developing social skills, self-esteem, and self-motivation.

Table 2 Goals of the Campbell County Juvenile Drug Court

1. Promote abstinence
2. Decrease criminal recidivism
3. Community safety
4. Increase life skills
5. Community Awareness
6. Expand and maintain resource base

Source: Logan, Lewis, & Leukefeld, (2000). Campbell Juvenile Drug Court Process Evaluation.

Components

Drug Courts generally include a set of components designed to engage clients in treatment while supervising their progress. Central to this effort, is the coordination of these major program components, which include Drug Court Sessions, treatment, supervision, and other types of resources. Through a team effort marshalling these aspects of the Drug Court program, the judge, drug court staff, and treatment and service providers can directly address the central goals of the program (described above).

Court sessions. Drug Court hearings are held at the Campbell County District Courthouse every Thursday at 4:00 pm. Prior to all sessions, the Juvenile Drug Court team meets in the Judge's chambers for "staffing" to review and discuss the progress of the

clients appearing on the Drug Court docket that day. The case specialist presents case notes, NorthKey representatives review treatment progress and urine test results, and Day Treatment discuss to the clients performance in school (including attitude and attendance). Researchers were invited to attend one staffing, and observations were made. It was evident that the team and Judge worked together closely to make recommendations for particular client cases, including when a client will be ready to be promoted to the next phase, if and what type of sanction or reward should be used, unmet service needs, and clinical and professional opinions regarding strategies that could be used to help the client to progress in their treatment goals.

A summary of the observations by researchers from the University of Kentucky is provided below to give a “fuller” picture of how a Drug Court session is organized and conducted. The ambient noise level was relatively low the entire court session, and clients and parents paid close attention to each interaction between the judge and each client/family that was reviewed. Clients and family members approached the bench together, and the client sat in a chair that was taller than the chair their parent sat in (placing them on an equal level). The Judge sat approximately 12 feet from the client/family, and eye contact was good. The client was always addressed first by the Judge, and then the family members were addressed. When the Judge wanted to make a point clearly, he spoke directly to the client, and asked if they understood him. The Judge spent between 2 and 5 minutes with each client reviewing their progress, and even though Drug Court policy requires each participant to remain through the entire session, some clients and family members who needed to go to work were reviewed first and then allowed to leave early. No other order to how cases were reviewed was evident. Physical

contact was made between the Judge and client only during the graduation ceremony, and consisted of a warm handshake and admonition to keep doing well. Graduates also were given a plaque, t-shirt, and tickets to a Cincinnati Reds game to congratulate them for their progress. Although a fixed sanctioning algorithm is not written in the Drug Court policy, sanctions were generally given in a consistent manner. For example, 3 clients who were not perceived to be doing well in Day Treatment were given community service hours to complete.

Two NorthKey representatives, a Day Treatment representative, the case specialist, treatment coordinator, and a representative from the Department of Juvenile Justice were present at the Drug Court hearings. At least one family member for each client also was present. Clients and family sat (no arranged seating was evident) in the public section of the courtroom, the treatment representatives and drug court staff sat in or near the jury box. The jury box was never addressed by the Judge or client, but the treatment coordinator was allowed to make frequent “sidebar” comments to the Judge. Only the Judge used a microphone. Overall, the drug court session appeared to be therapeutic rather than antagonistic. Confrontation was used constructively, to address therapeutic goals.

Treatment. The first key element of Drug Courts, “...integrate alcohol and other drug treatment services with justice system case processing,” is implemented at the Campbell County Juvenile Drug Court program to help youth to recover from their addictions and to cease criminal behavior. This Juvenile Drug Court uses a single treatment provider, NorthKey Comprehensive Care Center, to help accomplish this. NorthKey is a public mental health care agency that has an outpatient treatment program to address chemical dependency and other psychiatric problems among youth. This intensive

outpatient program has been working with Campbell Juvenile Drug Court clients since March 2000.

The NorthKey treatment program focuses on the individual client from their first contact until discharge. A principal focus is placed on clients changing their lifestyles that include illicit drug use, related behaviors, and criminal attitudes. Clients also are taught how to change environments conducive to drug use (e.g., peers, living situation, and relationships). Teaching the youth to become self-supporting develops practical life-skills, improves personal functioning, and increases coping skills. Basic education needs are addressed through referral to programs that assist the youth with reading and writing skills and also with General Education Development (GED) test preparation. NorthKey meets employment needs by providing job preparation, training, and placement services as well as vocational counseling. Therapy and treatment are provided primarily through group counseling sessions and individual counseling sessions.

Group counseling sessions are held with Juvenile Drug Court clients three times per week during Phase I of the Drug Court, two times per week during Phase II, and once per week during Phase III. Logan, Lewis, and Leukefeld (2000) report that on average, group sessions last for 120 minutes; however, there is no set limit for the duration of group sessions. The Drug Court clients meet in a special group offered specifically for Drug Court clients, but other group counseling sessions are made available to clients whose schedules do not permit their participation in the regularly scheduled sessions.

Individual sessions also are conducted frequently. Clients are encouraged to schedule individual sessions, but they may have unscheduled individual sessions if needed. Individual sessions typically last one hour; however, as with group sessions, there is no set

limit on treatment time. Individual counseling sessions also are offered to clients whose schedules do not permit participation in regularly scheduled group sessions. Clients may also be seen after-hours by treatment staff if the client calls the facility's crisis line.

Topics addressed during group and individual sessions include: treatment planning and revisions, and rules and procedures. Substance abuse issues covered in sessions include drug education, addiction and drug dependence, alcohol problems, and relapse prevention (Logan, Lewis, & Leukefeld, 2000). Conflict resolution, fears and feelings, self-esteem, and depression and anxiety are psychological issues that also often are covered during group and individual counseling sessions. Social issues such as work/education skills, financial issues, legal problems, and relationships with family and friends also are addressed. Health issues such as sexually transmitted diseases and AIDS information and prevention also are discussed frequently.

Data from the Monthly Statistics Reports suggest that Juvenile Drug Court clients are receiving fairly intensive treatment services. Analyses combining group and individual sessions (summarized in Figure 2) showed that the fewest number ($\bar{n} = 22$) of treatment sessions were provide in July 2000, and the most sessions ($\bar{n} = 37$) were given in November 2000. The next set of analyses (see Figure 3), which took the number of clients attending each counseling session into consideration, showed that a total of 1383 treatment contacts were made with Drug Court clients between June 2000 and April 2001. An average of 125 (Standard Deviation = 41.3) treatment contacts were made each month. The largest number of contacts ($\bar{n} = 193$) was made in March 2001 and the smallest number ($\bar{n} = 60$) was during July 2000.

Figure 2. Number of Counseling Sessions Conducted Each Month: June 2000 – April 2001

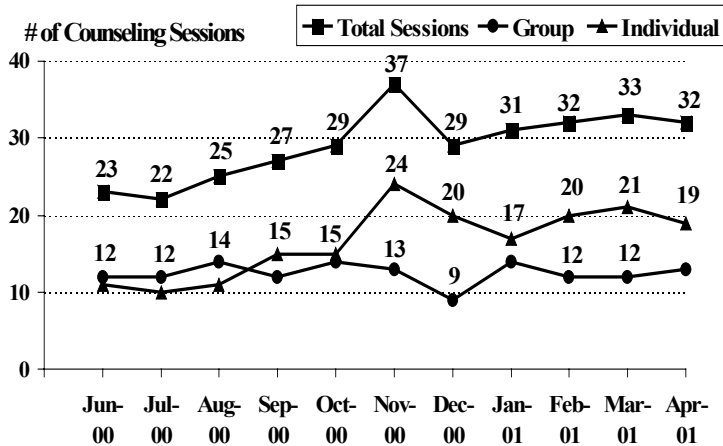
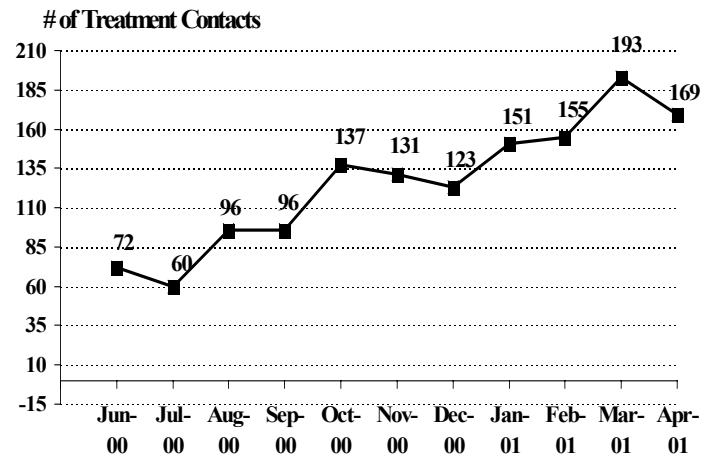


Figure 3. Total Number of Treatment Contacts Each Month: June 2000 – April 2001



Supervision. Treatment and supervision are two of the essential features of the Juvenile Drug Court. The combination of these two aspects of Drug Court intervention has been repeatedly shown to be effective for offenders in criminal-justice based treatment (Nurco, Hanlon, Bateman, & Kinlock, 1995). The offender supervision component of the Drug Courts is reflected in the fifth, “Abstinence is monitored by frequent alcohol and other drug testing” and seventh “Ongoing judicial interaction with each Drug Court participant is essential” key elements of Drug Courts described in Table 1 (see above). Through a combined team effort between drug court staff and treatment staff who conduct urine drug testing and the Judge as ultimate authority figure, the Campbell County Juvenile Drug Court closely monitors the progress of the youth. Observation of a court session by researchers from the University of Kentucky showed that the Judge paid careful attention to urine drug test results, and reviewed these with clients during the court session. Data from the Monthly Statistical Reports showed that the youth in the Juvenile Drug Court

appeared to be well-supervised. During the 11-month timeframe reviewed for this report, 33 Juvenile Drug Court sessions were held (and the one that was observed by researchers lasted approximately 75 minutes). Attendance records showed that this accounted for 356 total contacts between the Judge and Juvenile Drug Court clients during this time period. Urine supervision was frequently used with a total of 853 urines collected, with an average of 78 urine screens conducted each month. As shown in Figure 4, the smallest number ($\underline{n} = 26$) of urine screens was collected in June 2000, and the largest number ($\underline{n} = 146$) of urines was collected in March 2001. Analyses showed that across the months reviewed, there was a general trend for urine supervision to become more intensive. An average of 2.9 urines were collected from each client during June 2000, but this increased to 8.3 in January 2001; leveling off to 5.6 in April 2001 (see Figure 5).

Figure 4. The Number of Urine Drug Tests Collected Per Month: June 2000 – April 2001

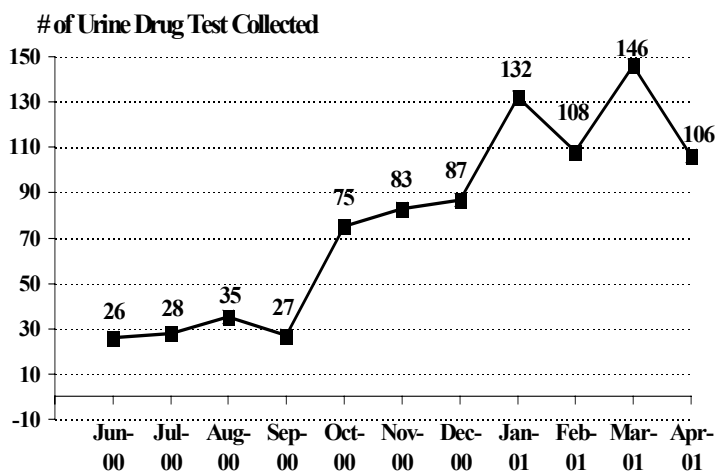
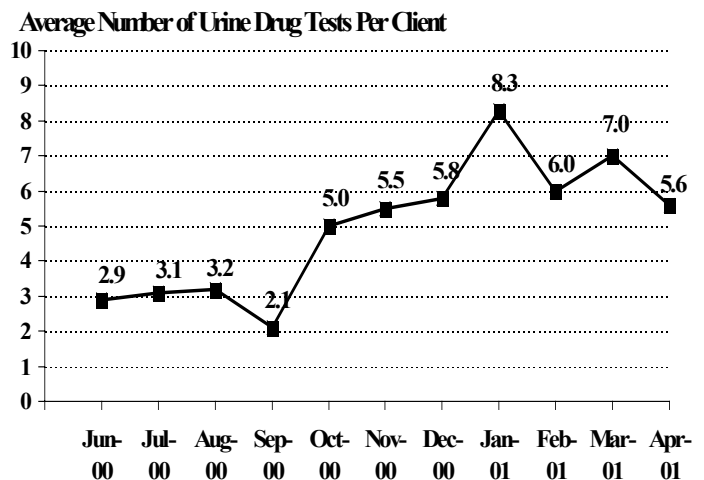


Figure 5. Average Number of Urine Drug Tests Collected per Client Each Month: June 2000 – April 2001



Other resources. In addition to treatment at NorthKey, clients of the Juvenile Drug Court also are frequently sent to Day Treatment, an alternative school program that provides educational instruction and treatment for addictions. Participation in self-help groups also is required, and many attend NA/AA meetings at Promises, Inc., but many also attend meetings in other locations in the community. Clients also have access to the Boys and Girls Club for physical exercise and other recreational activities.

Structure

Structural aspects of the Juvenile Drug Court program include program capacity, staff, and phases. The following are descriptions of these program characteristics.

Capacity. The Campbell County Juvenile Drug Court has treatment slots for up to 25 clients and their families. Activity across the time period reviewed in this report showed that the caseload for this program grew from 9 clients in June 2000 to 21 clients in March 2001; nineteen clients were active during the last month included in this report (i.e., April 2001). Clients enter the program after being assessed as “eligible” for Drug Court, and there currently is no waiting list. That is, clients enter the program soon after their referral.

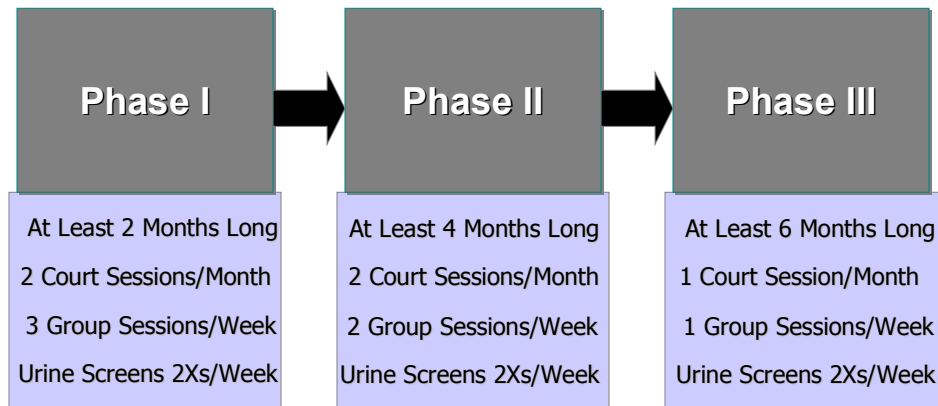
Staff. The Campbell County Juvenile Drug Court employs two full time staff in addition to the Drug Court Judge, who volunteers his time to the program. The staff includes the Drug Court Coordinator, and a Case Specialist. During the timeframe reviewed for this current study, both of these positions were occupied by individuals who had been with the Drug Court since its inception. However, at the end of May, the Case Specialist left the program for employment elsewhere, and this position currently is open. The Case Specialist from the Campbell County Adult Drug Court has filled this position in

the interim, doing the caseloads for both Drug Courts. The following table is a brief summary of the roles that Juvenile Drug Court team members perform in relation to the overall program.

<u>Table 3. Drug Court Team and Roles</u>	
Team Member	Roles
Judge	Program monitoring and supervision
Drug Court Treatment Coordinator	Program coordination Information management and reports Program reviews Human resources management
Case specialist	Case management
Drug Court team (Judge, Drug Court Staff, Defense Attorneys, Prosecuting Attorneys, and Department of Juvenile Justice Representatives)	Assessing success Recommending modifications
NorthKey Comprehensive Care Center	Treatment, Urine Drug Testing

Phases. Like all Kentucky Drug Courts, the programming for the Campbell County Juvenile Drug Court is divided into 3 distinct phases, each with a separate set of goals and procedures and strategies for reaching these goals. A general overview of these 3 phases (including drug court sessions, treatment activity, and supervision level) is presented in Figure 6. The total minimum expected duration of the clients' stay in Drug Court is 12 months, but many clients take much longer than this to finish the program.

Figure 6. Phase Structure of the Campbell County Juvenile Drug Court



Source: (Campbell County Juvenile Drug Court Handbook, 2000, May)

A more in-depth description of the minimum requirements for each phase of the Campbell County Juvenile Drug Court is shown in Table 4. Generally, as the adolescents move through the three drug court phases, the number of court sessions that they are required to attend decreases, as does their level of supervision. Clients are required to attend their scheduled drug court session, and they are not permitted to miss sessions because of work or for other reasons. However, observation of a drug court session revealed that clients were allowed to leave early if they had to go to work after their status was reviewed. In Phase I, clients are under the most intensive supervision. During Phase II, the level of treatment is more intensive than treatment in Phase I. In Phase III, clients enter the aftercare phase of the program.

The number of group process sessions that clients are required to attend also is dependent on the type of treatment that they are receiving. For example, if a client is in in-patient treatment, he or she will usually attend group sessions seven days per week.

Table 4. Drug Court Program Phase Requirements

Phase I	Phase II	Phase III
<ol style="list-style-type: none"> 1. Attend one Drug Court session ever other week; 2. Attendance at NorthKey three times a week: Monday, Tuesday, Wednesday 3:30-5:00; 3. Provide all assigned drug screens. <p>Can be completed in 2 months</p>	<ol style="list-style-type: none"> 1. Attend one Drug Court session ever other week; 2. Provide all assigned drug screens each week which reflect no use of drugs; they shall be frequent and random/twice a week at a minimum; 3. Attend community support group meetings as required by treatment, the Court or Drug Court staff; 4. Attend all assigned group, family, and/or individual counseling sessions; two (2) sessions a week. Tuesday, Wednesday 3:30-5:00; 5. Develop a payment plan and begin making payments to satisfy any restitution, court costs, etc.; 6. Maintain Court-approved employment, training, and/or education; 7. Comply with any necessary referrals; by Treatment, the Court or the Drug Court Staff; 8. Have at least thirty (30) days clean and sober. <p>Can be completed in 4 months</p>	<ol style="list-style-type: none"> 1. Attend one Drug Court session every month; 2. Provide all assigned drug screens each week which reflect no use of drugs; minimum of two a week 3. Attend community support groups, as required by treatment, the Court or Drug Court staff; 4. Attend all assigned group, family, and/or individual counseling sessions; once a week; Wednesday 3:30-5:00; 5. Continue making payments to satisfy any restitution, Court costs, etc.; 6. Maintain Court-approved employment, training, and/or education; 7. Do at least one good deed every two weeks to be reported to the Judge; 8. Obtain/maintain an approved mentor or NA/AA sponsor and maintain regular daily contact; 9. Have at least sixty (60) days clean and sober. <p>Can be completed in 6 months</p>

Source: Campbell County Juvenile Drug Court Handbook (2000, May).

If a client is in day treatment, he or she will attend group sessions five days per week. If a client is in Intensive Out-Patient treatment, he or she will attend group sessions at least three days a week in Phase I, two days per week in Phase II, and once per week in Phase III at NorthKey Comprehensive Care Center. Individual session attendance is less systematic, and is provided as needed by each individual. In addition to treatment and urine supervision, other expectations include (1) families must participate in drug court by attending group sessions and drug court sessions, (2) clients must participate in a 12-step group like Alcoholics Anonymous (AA) and/or Narcotics Anonymous (NA), and (3) clients must be enrolled in school, or be working toward their GED and be employed.

Procedures

The implementation of the procedures for referral and admission to the Juvenile Drug Court program, program rules and policies, sanctions and rewards, and for graduation and/or termination are described in the next section of this report.

Referral and admission. Clients can be referred to the program by public defenders, prosecutors, law enforcement officials, the Department of Juvenile Justice, parents, other clients, treatment providers, judges, and educators. When a potential client is referred to the program, the Drug Court staff meets with them to begin to prepare a report about their eligibility to participate in the Campbell County Juvenile Drug Court. The potential client also is sent to the NorthKey Comprehensive Care Center for a more thorough assessment with the Youth Assessment Index (YAI, Logan & Messer, 2000) or Teen Addiction Severity Index (T-ASI, Kaminer, Bukstein, & Tarter, 1991). [Review of the program records showed that about half of the clients had been assessed with the T-ASI and the other half with the YAI]. The Drug Court staff's findings and the results of the

NorthKey assessment are provided to the County Attorney, the defendant's attorney, and to the sentencing Judge prior to the case disposition date.

To be eligible for the Campbell County Juvenile Drug Court, youth must be assessed on certain inclusionary and exclusionary criteria. Inclusion criteria include, an indication that youth's drug or alcohol abuse problems are associated with criminal behavior, and the client must be between the ages of 8 and 17. Youth currently on probation are eligible for admission to the Juvenile Drug Court, which can be used as an alternative to probation revocation. In addition, individuals facing new charges also are eligible for admission into Drug Court upon adjudication or disposition of their current case.

Exclusionary criteria for the Campbell Juvenile Drug Court include, having a history of violence (including current and past charges, or prior convictions for violent offenses or sex offenses). These individuals are not admitted according to state and federal statute. Persons who are not residents of Kenton, Boone, or Campbell counties or who were previously discharged from any Drug Court program also are not eligible for admission into the Juvenile Drug Court. Finally, youth with severe mental illness may not be eligible for admission into the Juvenile Drug Court program, but referrals to other services are made as appropriate.

Once the young offender is determined to be eligible for the Juvenile Drug Court, they are required to agree to participate in the program. These individuals' families also must agree to participate in their child's treatment and comply with the program rules. Clients and their family members all sign a written agreement of participation. It is important to note that the Campbell Juvenile Drug Court involves the client's family

heavily in every aspect of the program. The Drug Court Judge can mandate the participation of both parents and siblings in the client's treatment. Recent research suggests that adopting a more comprehensive approach to addressing the treatment needs of the juvenile that includes family systems and dynamics will be more effective.

Program rules. Each new drug court client and their family is given a Campbell County Juvenile Drug Court Handbook at program entry that details the operations of the program, policies and procedures, rules, and what each participant can expect and what is expected in return. Rules are important for many reasons. They impose a structure (often unfamiliar to clients) to the lives of the client, help ensure the safety of the staff and clients, show clients that society follows a social order, and help the program to run more smoothly and not seem arbitrary. Table 5 presents the statement of the rules imposed on the clients when they enter drug court, which was taken from the Campbell County Juvenile Drug Court Handbook. Failure to follow rules can and frequently does result in the imposition of a disciplinary sanction and also can result in the expulsion of the client from the program (for either serious infractions or for repeatedly breaking rules).

Sanctions and rewards. Drug Courts are essentially long-term behavior modification programs, and therefore, use sanctions to reduce undesirable behavior and rewards to increase desirable behavior. Sanctions and rewards are individualized at the Juvenile Drug Court, and the Judge makes the final decision on what type of sanction to impose upon a client, while considering the professional opinions of the Drug Court treatment coordinator, the case specialist, and the client's counselors. Sanctions include community service, detention, home incarceration, curfew restrictions, fines, school work, and termination from the Drug Court. Therapeutic sanctions include phase demotions and

Table 5. Participant Rules: Campbell County Juvenile Drug Court

1. Appropriate clothing is expected at all times. Clients must wear a shirt or blouse, pants or skirt, and shoes. Sunglasses are not to be worn inside the Drug Court Center or Court. Clothing bearing drug or alcohol-related themes, or promoting or advertising alcohol or drug use is not allowed. No gang colors or gang clothing are worn in the Center or Court. No gum chewing is allowed in Court.
2. Clients must attend all scheduled counseling sessions, educational sessions, and Court sessions, unless prior approval is obtained. Clients must arrive on time and not leave until the meeting is over. If the client is late, he or she may not be allowed to attend the session and may be considered absent. Arrangements must be made to make up missed groups before the client's next court appearance.
3. The following actions will not be tolerated:
 - ❖ Violence or threats of any kind
 - ❖ Use and/or possession of drugs and/or alcohol
 - ❖ Belligerent behavior
 - ❖ Possession of any type of weapon
 - ❖ Inappropriate sexual behavior or harassment
4. Family and/or friends of clients, including children, cannot loiter on the premises. If they are providing transportation, they should simply drop the client off and pick him or her up at the end of the session. Your immediate family (mother, father, guardian or the person with whom you are living) of clients will be required to attend all Court sessions and family counseling sessions.
5. Clients may not carry beepers or cellular phones to Court or group sessions.
6. All participants must notify staff of any arrest (within 24 hours) or court obligations.
7. The program shall comply with the Kentucky law regarding the reporting of cases of abuse or neglect of minors. The program shall also comply with Kentucky law regarding the reporting of cases of abuse or neglect of adults. Federal law and regulations do not protect any information about suspected child abuse or neglect from being reported under state law to appropriate state or local authorities.
8. You will be expected to maintain appropriate behavior at all times during Drug Court hearings and while in the courthouse. You will be permitted to show support and encouragement to fellow participants by applause, but only during appropriate times. Your behavior and demeanor while in the courthouse is a reflection on the entire program. Maintaining appropriate behavior is indicative of the progress that you and your fellow participants are making toward your recovery
9. All participants will be given curfew times. The only exceptions must be approved by the Drug Court Judge or staff. If you work later than these hours, you have a 30 minute leeway.

the Journal. Book reports and/or research reports also may be used to cover special topics like the dangers of alcohol and drugs to unborn babies.

Violation of program rules prompt the use of sanctions, which are applied (depending on the severity of the infraction) either immediately or at the next scheduled court session. Clients with additional criminal charges receive sanctions immediately, but clients who miss meetings are sanctioned at the next court session. If clients are not participating in meetings, they may be required to write an essay. If they do not show up for group treatment, their curfew can be further restricted. If they commit a new criminal offense, they will be put in detention. If they use drugs, they can be put in detention or placed under house arrest (Logan, Lewis, & Leukefeld, 2000). Data from the Monthly Statistical Reports showed that 162 sanctions were given between June 1, 2000 and April 30, 2001, including 46 community service sanctions, 82 short-term detentions, and 34 other sanctions (e.g., fines, phase demotions, and book reports).

Clients gain rewards by being compliant with program rules and showing significant levels of progress in treatment goals. Rewards also are individualized, and include verbal acknowledgement of achievement, phase promotions, gift certificates, a later curfew, reduction in the level of supervision, applause by those present at the Drug Court session, and certificates of achievement.

Graduation and termination. The Judge has the discretion to determine who should graduate or be terminated from the Juvenile Drug Court, and his decisions are based on input from the rest of the team. Clients are recommended for graduation from the Drug Court after they have been in the program for at least 12 months, have actively participated in the program, successfully completed all three program phases, exhibited a significant

effort in academic performance, obtained stable recovery-oriented living conditions, tested “clean” on urine drug tests for at least 6 months, mentored other clients if requested, and be employed if not enrolled in school, seeking GED, or in a training program. Graduates of the program who enter under the post-adjudication diversion track can have their original charge dismissed or set aside. Those who enter through the probation track may have their original sentence conditionally discharged for the remainder of their probated term.

Clients may be terminated from the program for a variety of reasons, including being arrested on a new charge, committing a violent act, absconding from the program, continually using alcohol or other drugs, and for refusing to follow the program rules. If the Judge decides to terminate a client’s involvement in the Drug Court, the youth is taken into custody during the court session or an arrest warrant is issued. After arrest, the client is formally discharged from Drug Court and serves out their remaining sentence in detention. In some rare cases, a client may petition the Court for removal from the program.

Clients

The following set of analyses describe the background characteristics of the clients at the Campbell County Juvenile Drug Court, the monthly caseflow through the program (including the active monthly census), and the common set of goals each client is given for their performance at the program.

Demographics. Based on a review of the program records, 25 clients were found to have participated in the Juvenile Drug Court during the timeframe examined by this study. As shown in Figure 7, most of these clients were male (84%), and their race/ethnic background was primarily White/Caucasian (87%). About 8% were pregnant during their

stay in Drug Court. The median age at Juvenile Drug Court entry was 16 (average age was 15.7), and 52% were 16-17 years old. In terms of living arrangements, 87% lived with their families and 13% were in foster care. The median age for first regular alcohol or drug use was 12 (average = 11.8), and the average length of regular alcohol/drug use was 49 months.

Caseflow. The review of program records found 25 clients who had been active in Juvenile Drug Court during the timeframe examined by the current report. Monthly statistical reports were used to determine the monthly census for the Campbell County Juvenile Drug Court between June 2000 and April 2001 (shown in Figure 8). The average number of clients active per month was 15 (range 9 to 21). Quarterly reports also showed that during the timeframe of July 1, 2000 to March 30, 2001, that 19 candidates were referred (of whom 18 were accepted into the program, or 95% of referrals).

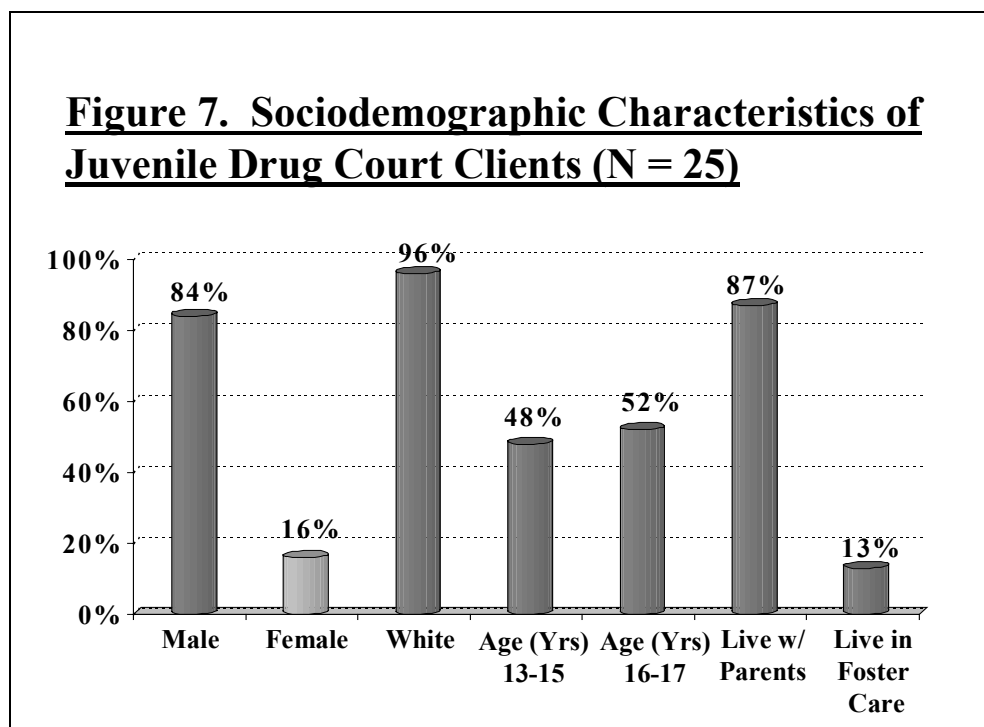


Figure 8. Monthly Client Census: June 2000 – April 2001, Campbell County Juvenile Drug Court

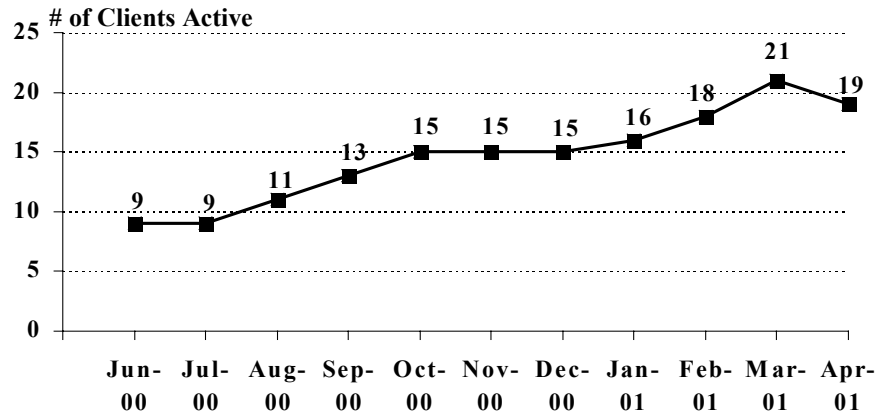


Table 6. Client Goals: Campbell County Juvenile Drug Court

1. Learn to be drug free;
2. Learn better ways of coping with life;
3. Adjust to a drug-free lifestyle
4. Develop a non-criminal pattern of living;
5. Enhance employment skills through vocational training and educational pursuits;
6. Attend NA/AA meetings and other support groups;
7. Develop social skills;
8. Enhance self esteem and self motivation;
9. Identify warning signs of relapse and develop a relapse prevention plan;
10. Accept responsibility for financial obligations.

Source: Campbell County Juvenile Drug Court Handbook, (2000, May).

Client goals. Each youth is given a common set of treatment goals upon admission to the Campbell County Juvenile Drug Court designed to promote abstinence for alcohol and illicit drugs, eliminate criminal behavior, encourage prosocial behavior, and increase community safety. Services and programming directly address these 10 goals:

PROGRAM IMPACT AND OUTCOMES

The primary emphasis of the Campbell County Juvenile Drug Court is to help its clients to learn to live drug-free and crime-free lives. Clients are held accountable for their negative behavior through therapeutic sanctions and rewarded for their successes.

Evidence from program records reviewed for every client who was in the Drug Court program between June 1, 2000 and April 30, 2001 showed a strong, positive impact of this Drug Court on these outcomes. In addition to this, a number of collateral outcomes were observed, including school attendance, employment, and “drug-free” pregnancies. Again, the Drug Court program showed a positive influence on helping the adolescents involved during this timeframe to remain in school, and for those who were pregnant, to take better care of their unborn babies. The Drug Court program also provided a “gateway” to more intensive treatment for those clients who were in need of additional, intensive treatment services. Finally, program compliance rates were assessed by examining how often clients received sanctions. Non-compliance implies poor client performance, but should not necessarily be viewed a negative outcome for the program because Drug Courts function as long-term intensive behavior modification programs directed at extinguishing antisocial behavior and promoting prosocial behavior. The imposition of a sanction reflects both a negative behavior (at the level of the individual) and a positive therapeutic action (at the level of the program).

Retention in Drug Court

Keeping clients in Drug Court obviously is important. If the client is removed from the program, the consequences are evident. They usually do not continue to receive treatment, reducing the likelihood that they will have positive outcomes. Nevertheless, as described in the “Program Rules” part of this report, not everyone can be allowed to have indefinitely long stays in the program. Some clients need to be “terminated” to restore a therapeutic atmosphere, and ensure that the remaining clients know that they will be held accountable for criminal and deviant behavior, thus reinforcing social control and internal control. During the timeframe covered by the current report (June 2000 - April 2001), most (68%) of the clients remained in the program and were performing well in it. However, several clients (32%) were “terminated” from the program for non-compliance with program rules ($\underline{n} = 1$), because they absconded ($\underline{n} = 2$), for new criminal activity ($\underline{n} = 3$), or because they were transferred ($\underline{n} = 2$). Although not technically during the time covered by this report, 2 clients were observed to successfully graduate from the Campbell County Juvenile Drug Court during a June Drug Court session. **A large body of research in the substance abuse treatment field and in Drug Courts shows that program graduates perform significantly better than those who do not finish a program.**

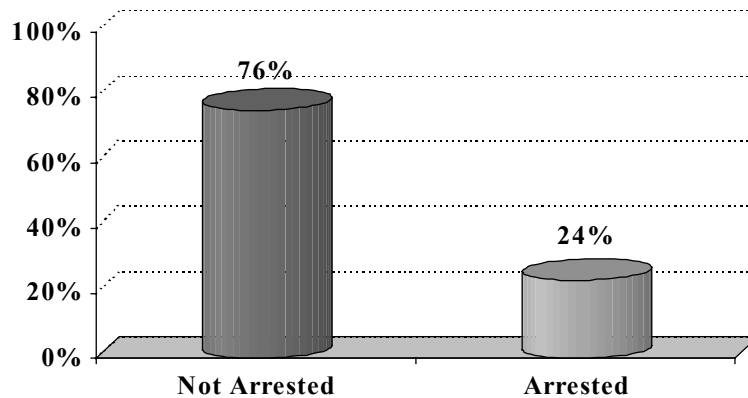
New Arrests

Recidivism (often defined as rearrests) is a fundamental outcome indicator used to judge the effectiveness of criminal justice-based programs. Therefore, one of the primary performance measures for the Campbell County Juvenile Drug Court is the number of clients who are arrested for new crimes while they are under the program’s supervision.

As shown in Figure 9, the majority (76%) of the Drug Court clients remained arrest-

free during the time interval covered by the current study. However, 6 clients (24% of the 25 cases surveyed) were arrested for a new crime. Only 1 of these individuals was arrested for a felony charge. Charges for these individuals included theft by unlawful taking, alcohol intoxication, driving under the influence, criminal mischief, curfew violation, resisting arrest, endangerment, and trespassing.

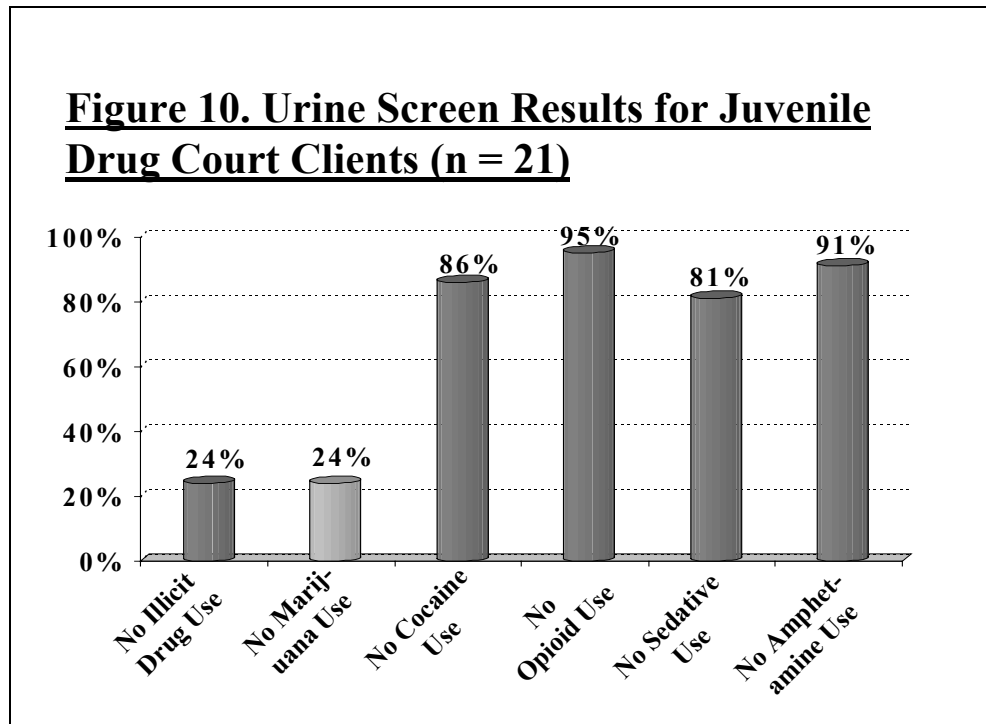
Figure 9. New Arrest Rates during Drug Court



Drug Use

Much of the resources of the Campbell County Juvenile Drug Court are focused on reducing the use of alcohol and illicit drugs among its clients. Drug Court staff and staff at the NorthKey treatment program provide recovery-oriented therapy to their clients and employ frequent urine testing for illicit drugs to determine client progress and reveal “slips” and “relapses.” The review of client records showed that urinalysis data were available for 21 cases. As shown in Figure 10, 24% of the sample did not test positive for any illicit drug during the study’s timeframe, 24% did not test positive for marijuana, 86%

did not test positive for cocaine, 95% did not test positive for opioids, 81% did not test positive for sedatives, and 91% did not test positive for amphetamine. Clients, on average, gave a median of 5 positive urine screens, most of which were positive for marijuana. **Use of narcotic drugs (e.g., opioids and cocaine) was infrequent.**



Education

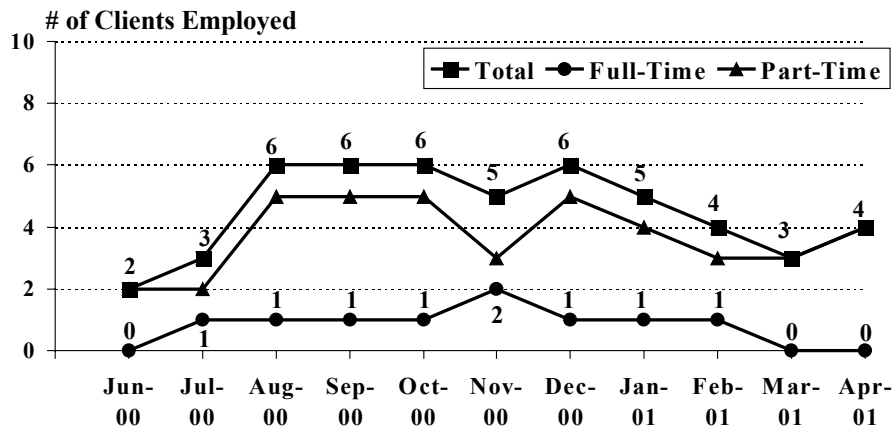
Education and “getting an education” is strongly emphasized by the Campbell County Juvenile Drug Court. The majority (77%) of its clients remained in school during the program (including alternative schools like Day Treatment that combine education and therapy). Three clients had earned a Graduate Equivalency Degree (GED) during the timeframe covered by the review of the program records (that is, June 1, 2000 to April 30, 2001). Observation by researchers of a Drug Court session during this study showed that the Drug Court Judge paid careful attention to how the clients were doing in school. He asked specific questions about what they were doing in their studies, and when a student

had been absent several times or had be reported to have been sleeping in class repeatedly, he asked them to explain why this was happening. He emphasized that they were responsible for going to school, and then discussed how important it was for them to get and education. He either verbally warned the clients to go to school or, he provided a therapeutic sanction to help motivate them to do better in school. **By paying special attention to the educational achievement of its clients, the Campbell County Juvenile Drug Court has a great potential for reducing the high school dropout rate among its clients.** By doing so, this would continue to benefit both the client and society in the long-run because educational achievement is positively and linearly related to lifetime earnings from employment. Better-educated people earn more money and can be more productive members of society than those with low educational achievement.

Employment

Employment problems are a reliable predictor of early dropout from treatment among adults in community-based substance abuse treatment programs. Being employed frequently is required by the Campbell County Juvenile Drug Court judge, and employment assistance and training is available to clients through vocational rehabilitation. Data summarized from the monthly statistical reports showed that many of the clients held jobs (both part-time and full-time) during their treatment at the Juvenile Drug Court. Figure 11 summarizes client employment data from the Monthly Statistical Reports.

**Figure 11. Number of Clients Employed:
June 2000 – April 2001**



Drug-Free Pregnancies

Seventy-five percent of the young women in the Drug Court program were pregnant at some point during the timeframe examined by the review of program records (i.e., June 1, 2000 to April 30, 2001). Most were heavily involved with marijuana prior to Drug Court and during the initial phases (Phase I) of the Drug Court program, as evidenced by THC-positive results for frequent drug tests given by the Drug Court and NorthKey treatment programs. When treatment and Drug Court program staff discovered that these clients were pregnant, a specialized effort to help them to live drug-free lives was evident. This included the use of both treatment and intensive supervision, to detect and address continued drug use. In addition to this, the Drug Court Judge applied creative sanctions to help these women to understand why it was important that they cease drug use. The Drug Court Judge required the young women to conduct research and write a report about the harmful effects that drugs can have on an unborn fetus. Book reports also

were required, with each of these clients reading and reporting on What to Expect When You are Expecting. Prenatal care was emphasized, and monitored, including visits to physicians. Researchers also noted during their observation of the Campbell County Juvenile Drug Court, that the Judge asked for updated reports on how these young women were progressing (during case staffings), and during court, he also asked these clients how things were going for them and their babies. He paid special attention to this progress, and rewarded it with verbal encouragement, and in one case he relaxed a curfew by 30 minutes (which appeared to be highly valued by the participant). The Drug Court Judge also spoke directly to the parents about how important it was that their daughters took good care of their babies. Drug Court program records showed that all of the pregnant clients were “drug-free” on their urine tests and had been that way for at least 2 months. **Therefore, it appears that one of the greatest contributions that the Campbell County Juvenile Drug Court can make to the lives of its clients and the community is its potential impact on helping its clients to have “drug-free” babies born to them.** Babies who are born drug-addicted have significantly higher healthcare costs during their first few years of life, and the Campbell County Juvenile Drug Court might help lower these costs by helping its clients to get off of drugs and get prenatal care. Finally, it should be noted, that Drug Court and NorthKey staff have noted that providing sex-education to their clients can further enhance this impact. Plans are underway to begin this, and the impact could be even more far-reaching if it helps to prevent sexually transmitted diseases among this population known for high rates of sexually risky behavior.

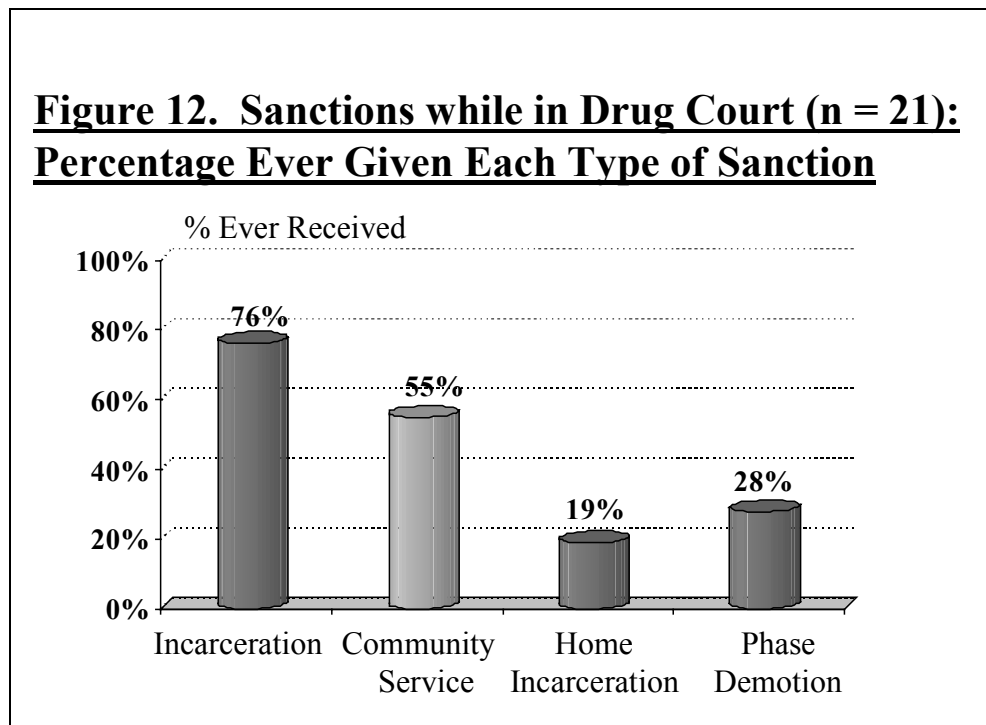
Intensive Treatment

Treatment entry is commonly regarded as a positive outcome in the substance abuse treatment literature (see Simpson et al., 1999), especially when a client is in need of intensive services. Collectively, the treatment provided by NorthKey and the Campbell County Juvenile Drug Court constitutes a fairly intensive dose of outpatient therapy, which has been shown to be very effective. However, 2 clients were “terminated” from the Drug Court during the timeframe examined by the program records review, because they continued to use drugs frequently, and provided a long series of drug positive urines. These clients, however, were not sent back to detention, but they were sent to an intensive residential program because they appeared to need a greater level of services to help them to begin recovery from their addiction. **Thus, by helping clients who need greater levels of treatment to get it, the Campbell County Juvenile Drug Court provides an important opportunity for helping juveniles who have progressed more deeply into their addiction career.** While premature dropout from Drug Court is regarded as a negative outcome, for these two clients, it might be considered “therapeutic” because they got more treatment instead of detention.

Sanctions

Because Drug Court programs are essentially intensive behavior modification programs, sanctions may be viewed as a positive output of the program directed at encouraging prosocial behavior and holding clients accountable for negative behaviors. At the level of the individual, sanctions imply that the client has been non-compliant with program rules, and thus needs to be corrected. Review of program records indicated that sanctions were used generally used in a consistent manner following specific behavioral

problems. For example, 5 hours of community service was the sanction typically imposed on a client if they submitted an “abnormally diluted urine specimen.” (indicative of water loading by the client to avoid detection of drug use). A weekend stint of detention was frequently indicated for submitting a series of drug-positive urine screens, and home incarceration was also used to limit the juvenile’s opportunity to procure and use drugs. Analyses reported in Figure 12 showed that 82% were sanctioned during their stay in Juvenile Drug Court. A short period of incarceration was the most frequently used sanction, with 76% of the clients receiving at least one short-term stay in detention. The median number of short-term incarcerations given was 2, accounting for a median number of 6 days spent behind bars. Community service also was commonly used; fifty-eight percent of the clients received community service hours as a sanction (median number of times received was 1). Home incarceration was given to 19% of the youth, and 28% were given a phase demotion.



Phase Promotions

Promotion to higher phases in the program indicates that the youth is performing successfully in the program. Therefore, examining the number of phase promotions is a valuable during-treatment performance measure because it provides direct behavioral measures of clients' remaining compliant with their treatment plans and with program rules. Analysis of data from the Monthly Statistical Reports showed that 12 phase promotions were given during the timeframe covered by the study. **Six promotions to phase II were given, and 6 promotions to phase III were given. Review of client records showed that a total of 10 clients received promotions.**

SUMMARY AND CONCLUSIONS

The Campbell County Juvenile Drug Court is firmly grounded in the Ten Key Components that define effective Drug Courts nationwide. It provides recovery-oriented services and intensive supervision to youth (ages 8-17) with drug abuse problems from Boone, Campbell, and Kenton counties in Northern Kentucky. A dedicated team of professionals representing key stakeholders in the problems created by drug-involved youth (including the Judge, Drug Court Staff, Department of Juvenile Justice, Law Enforcement, Prosecutor and Defense attorneys, School System, and Community Treatment Providers) work together closely to help these individuals to begin their recovery, improve social functioning, and quit committing crime. The Campbell County Juvenile Drug Court has matured beyond its planning phase, and transitioned into a fully implemented cohesive program.

The implementation of the Campbell County Juvenile Drug Court since the last time it was evaluated (see Logan, Lewis, & Leukefeld, 2000) has proceeded well, and this

program appears to be having a positive impact on the youth who participate in it. A review of program records showed that the number of clients participating in the Juvenile Drug Court grew from 6 youth in April of 2000 to 19 youth in April of 2001. A total of 25 clients were admitted to the program between June 2000 and April 2001, and the average monthly caseload was 15 clients. The active monthly caseload peaked at 21 in March 2001, and the maximum capacity of the program is 25. The majority of the clients seen by the Juvenile Drug Court are male (84%) and white (96%). About one-half (48%) are between the ages of 13 and 15 years old. Their primary drug problem was marijuana use, and 13% were living in foster care (the remaining 87% lived at home with their parents). The increasing caseload across the time period reviewed by the current evaluation indicates that the program is operating efficiently, and there are slots available for a few additional clients.

Excellent progress in the interlinking of the Juvenile Justice and Community Treatment systems represented in the Campbell County Juvenile Drug Court is evident. Not only has the number of clients participating in the program grown, but the intensity of the supervision and treatment provided to them also has increased markedly. Thirty-three drug court sessions were held, representing 356 contacts between the youth and the Judge who discussed their progress and treatment with them. A total of 853 urine screens were collected, and this increased from an average of 2.9 screens per client per month in June 2000 to an average of 5.6 in April 2001. The number of treatment sessions provided by NorthKey increased from 23 in June 2000 to 32 in April 2001. This represents a growth from 26 treatment contacts per month to 106 per month. Even higher numbers of treatment contacts were made in January 2001 ($\bar{n} = 132$) and March 2001 ($\bar{n} = 146$).

Combining supervision and treatment in the Juvenile Drug Court model appears to be having a positive impact on the youths' behavior. The majority of the clients were "retained in treatment," and 2 clients successfully completed the program. Most (76%) clients remained arrest free while they were in the Juvenile Drug Court program. Only 6 clients were arrested for new criminal behavior, and all but one of these were for misdemeanor offenses only. In terms of drug use, 24% of the clients did not test positive for drugs on urine screens. Marijuana use accounted for most of the positive urine screens. Very little use of narcotic drugs was apparent. Eight-six percent of the youth did not test positive for cocaine use, 95% did not use opioids, 81% did not use sedatives, and 91% did not use amphetamines. The Juvenile Drug Court also had a positive impact on "drug-free" pregnancies. Three of the female clients were pregnant while in drug court, and a review of their program records showed that they had achieved sobriety during their stay in the program and were not actively using drugs according to urine screen results. Finally, several of the clients also were employed while in Drug Court. Drug Court, therefore, appears to reduce criminal involvement and drug use among youth, and improve social functioning.

Findings in the current report suggest the following recommendations. The first recommendation is that Campbell County Juvenile Drug Court continues the work that it has begun. Initial findings regarding the during-treatment performance of the youth are encouraging, and the Juvenile Drug Court has a real potential for making a positive change in the lives of these individuals and the community. A second recommendation focuses on the need to admit additional clients to the program, up to the total capacity of 25 clients. Increasing the number of youth who are provided supervision and treatment in Juvenile

Drug Court might further increase the impact of this program. Finally, because the program has had such encouraging results in monitoring and influencing “drug-free” pregnancies, additional efforts and funding should be sought to increase this part of the program, and a long-term study should be conducted to determine if these young women deliver “drug-free” babies.

Appendix A

Courtroom Characteristic and Process Variables Code Sheet

COURTROOM CHARACTERISTICS AND PROCESS VARIABLES

Ambient noise/distraction	1 2 3 4 5 low medium high
Participant miked	Yes / No
Closeness to bench	_____ Feet
Participant next to lawyer	Yes / No
Participant next to a family member	Yes / No
Who is first addressed	Participant / Personnel / Family member
Judge addresses family member	Yes / No
Level of eye contact	Sustained / Intermittent / None
Physical contact	Yes / No Specify _____ (e.g. graduation)
Remain throughout session	Yes / No Specify _____ (e.g. new clients only)
Arranged seating	Yes / No Specify _____ (e.g. jury box)
Order to cases	Yes / No Specify _____ (e.g. new clients first)
Fixed sanction algorithm	Yes / No
Review on short notice	Yes / No
Time spent with participant	_____ min.
Frequency of courtroom sessions	Weekly / Biweekly / Monthly / Bimonthly
Judge addresses gallery	Yes / No
Participant addresses gallery	Yes / No
Outside contact	Yes / No

Adapted from: Satel, S. L. (1998). Observational study of courtroom dynamics in selected drug courts. National Drug Institute Review, I(1), 43-72.

Appendix B

Script for Informed Consent and Focus Group Protocol

Consent to Participate in a Research Study
(Script to be read and handed to focus group participant)

EVALUATION OF THE NORTHERN KENTUCKY JUVENILE DRUG COURT

INVESTIGATOR INFORMATION

Dr. Matthew Hiller (859) 257-9062

WHY AM I BEING INVITED TO TAKE PART IN THIS RESEARCH?

You are being invited to take part in a research study of the Northern Kentucky Juvenile Drug Court because you are a staff member of this program. If you volunteer to take part in this study, you will be one of about 4 people to do so.

WHO IS DOING THE STUDY?

The person in charge of this study is Dr. Matthew Hiller of the Center on Drug and Alcohol Research at the University of Kentucky. There may be other people on the research team assisting at different times during the study.

WHAT IS THE PURPOSE OF THIS STUDY?

The purpose of the study is to provide an in-depth description of the Northern Kentucky Juvenile Drug Court Program using a logic model format that will document program goals (short and long-term), resources, and target population.

WHERE IS THE STUDY GOING TO TAKE PLACE AND HOW LONG WILL IT LAST?

The research will be conducted at Northern Kentucky Juvenile Drug Court program offices. You will be asked to come to and participate in a focus group during which you will be asked to describe this program. The total amount of time you will be asked to volunteer for this study will be approximately one hour, the duration of the focus group.

WHAT WILL I BE ASKED TO DO?

You will be asked to participate in a small focus group whose purpose will be to complete a “logic” model of how the Northern Kentucky Juvenile Drug Court operates. This focus group will take about 1 hour to complete. You will be asked to provide your impressions about various aspects of the program, including goals, resources, and target population. You will be asked to list a program goal (the expected result), then another, and then another until all goals have been represented on the logic diagram which will be drawn by a researcher/focus group facilitator. Next, outputs (short-term progress indicators) will be identified, followed by activities (specific actions taken and services provided to effect both outputs and goals). Other model components will represent the target population, resources (e.g., materials and personnel available), and antecedent/background (i.e., common client risk factors) and mediator variables (such as additional services to which a client might have access to but are not necessarily controlled by the reentry court like welfare assistance). Finally, you will be asked to suggest logical causal links that will indicate how each part of the model or each component interlinks with each other.

Everyone on staff at the Northern Kentucky Juvenile Drug Court will be asked to participate in the study, and participation is completely voluntary. You should feel free to choose not to participate in this study.

ARE THERE REASONS WHY I SHOULD NOT TAKE PART IN THIS STUDY?

There are no specific reasons that you would be excluded from voluntarily participating in this study.

WHAT ARE THE POSSIBLE RISKS AND DISCOMFORTS?

Please note that even though we will not identify you by name or title or function in our report or in notes we take during the study, your responses and input during the focus group will be made in the presence of other focus group members, some of whom might be your supervisor or boss. Also, because only a small number of people are participating, we cannot guarantee that your answers will be confidential. It may be that someone who knows you participated in the group will be able to determine or guess that you provided particular pieces of information summarized in the final report. We cannot guarantee that you will not be reprimanded or punished in some other way by your employer because of the information that you share with us. We suggest that if you feel that something you wish to say may be offensive to someone in the group or could possibly provoke a negative reaction from your employer that you refrain from sharing that information. Moreover, some people find participating in a group to be an unpleasant experience, especially when they talk about their job, themselves, or their program. You do not have to answer any questions that you do not wish to answer or provide any information that you do not wish to provide. You can stop or quit the focus group at any time.

WILL I BENEFIT FROM TAKING PART IN THIS STUDY?

There is no guarantee that you will get any benefit from taking part in this study. However, your participation in this study may benefit the program because the report might help others to better understand how the Northern Kentucky Juvenile Drug Court works.

DO I HAVE TO TAKE PART IN THE STUDY?

If you decide to take part in the study, it should be because you really want to volunteer. You will not lose any benefits or rights you would normally have if you choose not to volunteer. You can stop at any time during the study and still keep the benefits and rights you had before volunteering.

IF I DON'T WANT TO TAKE PART IN THE STUDY, ARE THERE OTHER CHOICES?

If you do not want to be in the study, there are no other choices except not to take part in the study.

WHAT WILL IT COST ME TO PARTICIPATE?

There is no charge to you for participating in the study.

WHO WILL SEE THE INFORMATION THAT I GIVE?

We will keep private all research records to the greatest possible extent. Your information will be combined with information from other people taking part in the study. When we write about the study to share it with other researchers, we will write about the combined information we have gathered, but because only a small number of people will be participating in the focus groups, we cannot guarantee that the data will be confidential. It is possible that someone who reads the data summarized in the final report will be able to determine or guess who said what. You will not be identified by name or position or function in any write-ups or notes. You, however, should be reminded that you will be sharing information in front of other focus group participants, and we cannot guarantee that they will keep your statements during the focus group private or confidential. Nor can we guarantee that others will not react in a negative manner to information that you share with us.

You also should know, however, that there are some circumstances in which we may have to show your information to other people. For example, the law may require us to show your information to the proper authorities if it is suspected that you have abused a child, or if you pose a danger to yourself or to someone else. In addition, someone at the University of Kentucky may look at or copy records that could identify you.

CAN MY TAKING PART IN THE STUDY END EARLY?

If you decide to take part in the study you still have the right to decide at any time that you no longer want to continue. None of the researchers will think badly of you or treat you differently if you decide not to take part in the study. The individuals conducting the study may need to withdraw you from the study. This may occur if you are not able to follow the directions they give you, or if they find that your being in the study is more risk than benefit to you.

WHAT HAPPENS IF I GET HURT OR SICK DURING THE STUDY?

Even though it is very unlikely that you will get hurt or become ill because of this study, if you believe you are hurt or if you get sick because of something that is done during the study, you should call Dr. Matthew Hiller at 895-257-9062 immediately. It is important for you to understand that the University of Kentucky will not pay for the cost of any care or treatment that might be necessary because you get hurt or sick while taking part in this study. That cost will be your responsibility. Also, the University of Kentucky will not pay for any wages you may lose if you are harmed by this study.

WILL I RECEIVE ANY REWARDS FOR TAKING PART IN THIS STUDY?

You will not receive any rewards or payment for taking part in the study.

WHAT IF I HAVE QUESTIONS?

Before you decide whether to accept this invitation to take part in the study, please ask any questions that might come to mind now. Later, if you have questions about the study, you can contact Dr. Matthew Hiller at 895-257-9062. If you have any questions about your rights as a volunteer in this research, contact the staff in the Office of Research Integrity at the University of Kentucky at 859-257-3138. We will give you a copy of this consent form to take with you.

Signature of person agreeing to take part in the study

Date

Printed name of person taking part in the study

Name of person providing information to the subject

Signature of Investigator

PROTOCOL FOR JUVENILE DRUG COURT FOCUS GROUPS

THE FOCUS GROUP: BRIEF INTRODUCTION

While the facilitator is making the introduction, the note takers should begin to take notes on what is said during the focus groups. They should not sit at the main table, but place themselves unobtrusively to the side. The facilitator will keep notes by writing the responses on the logic model displayed on the easel note pad. The facilitator will encourage but not force consensus on the answers from the group.

THE INTRODUCTION

- “Thank you very much for agreeing to participate in our focus group. This is an important part of our study, and we really appreciate your giving up your time in order to help us out.”
- “Today we are here to discuss the goals, outcomes, and activities of the juvenile drug court program. What has been planned, how it is going, and what contributes to the way that this program operates.”
- “With this information we will be completing a logic map of the program operations, including desired outcomes, target population, resources, program activities, with the goal of making a ‘snapshot’ of how the program works.”
- “You are the people who know your program the best, and we encourage you to talk about it as much as you wish. We will be taking notes today, but we will not be keeping track of who said what. We also will not write things in the final report that you do not wish us to put in there.”
- “We think it is important that we all agree that we should feel free to describe the program in our own words and to not criticize what others say. What we really want to develop is a picture of how Northern KY Juvenile drug court operates, and to try to capture this in your words.”
- O.K., any questions before we begin?

TOPIC ONE:

TARGET POPULATION

“Let’s start with target population for the Northern KY Juvenile drug court.”

- Who are the clients targeted by your program?
- What characteristics do you look for when considering if this person is an appropriate candidate for this program?
- Are there any particular criteria they need to meet in order to be eligible? What are they? Are there things that you use as exclusionary criteria? In other words, are there types of clients you would consider to be inappropriate for the program?
- Which characteristics/criteria are the ones that your program can best address?

** Facilitator should “star” the characteristics named as those best addressed by the program*

- Does everybody agree? Is there anything anyone would like to add?

TOPIC TWO:

GOALS OF THE JUVENILE DRUG COURT

“O.K., lets talk about the goals of the program. When we say goal, we mean a desired state of affairs which outlines the ultimate purpose of the program. This is the end product toward which your efforts are directed. Programs can, and frequently do, have several goals. To get things started, you may want to think of what it was that you stated in your mission statement as a source for your goals.”

- Who would like to start off identifying some of the goals that this juvenile drug court is supposed to achieve?
- Does everyone agree? Does anyone have different or additional goals in mind?

- Which of those is the most important goal?
everyone agree?

Does

** Facilitator should “star” the most important goals.*

TOPIC THREE:

PROGRAM OUTPUTS

“Let’s next talk about the program outputs. By this what we mean is the immediate or short-term things you hope to accomplish to help realize your long-term goals. Generally speaking, these are the daily objectives you hope to accomplish with your clients”

- Who would like to start off telling us some of the specific objectives expect the client and/or program to achieve on a daily basis?
- Does everyone agree? Who has another idea?
- Which outputs are critical/most critical in meeting the goal you just listed?
- How does each output relate to which goal?

** Facilitator should “star” the most important ones*

- Does everybody agree? Is there anything you would like to add?

TOPIC FOUR:

PROGRAM INPUTS/ACTIVITIES

“We will now move to discuss program services and other activities. Meaning, those services and activities that are expected to produce results which will meet the stated outputs and goals. In other words, what do you do with the clients on a daily basis?”

- Can anyone start us off by telling us what are the activities and/or services that this program provides?
- Does everyone agree? Who has another idea to put on the model?

- Which output/goal is this activity supposed to meet? How?
- Which activities/services have the biggest impact on the program outputs and goals?

** Facilitator should “star” the most important ones*

- Does everybody agree? Is there anything you would like to add?

TOPIC FIVE: RESOURCES

“Let’s next talk about program resources. What resources are available, both internal and external, that helps you to provide services? For example, are volunteer groups available?”

- How is the program funded?
- Is there any type of support you receive from the community? Other programs/service agencies?
- Do you have volunteer staff/mentors?
- Which resources are most essential to your meeting short-term and long-term program the goals?

** Facilitator should “star” the most important ones*

- Does everybody agree? Is there anything you would like to add?

TOPIC SIX:

ANTECEDENTS / BACKGROUND FACTORS

“Now we would like to make a list of all the client characteristics that you think may influence the outcomes and/or use of program services. These can pertain to program characteristics like program organization, training or level of experience of staff, as well as community and/or target population, factors such as neighborhood, family, peer-group, and/or any personal or demographic characteristics of clients.”

- Does anyone want to start by telling us about a particular experience that they have had of something that might not have been planned that really impacted how program services deliver or operate? (Probe: What about publicity about the program?)
- What community characteristics might influence program outcomes?
Does everyone agree?
- What staff background characteristics might influence program outcomes?
Does everyone agree? What are essential characteristics that staff should possess?
- What client background characteristics might influence program outcomes?
Does everyone agree?

- Which one of these do you think has the strongest influence on what types or quality of services get delivered? That is community, staff, or client characterization.

** Facilitator should “star” the most important ones*

- Does everybody agree? Is there anything else you would like to add?

TOPIC SEVEN:

MEDIATING EVENTS

“We will now talk about other types of events or clients that you think could influence how or whether your program accomplishes its goals. These could include, for example, utilization of services outside the program, social norms and attitudes, social factors such as peer groups, living arrangements, family function etc.”

- Do clients have ready access to other types of services in the community that can help them achieve their goals and support them?
- What characteristics of the client will have a strong impact on whether they will realize these goals and the outputs of the program?
Does everyone agree?
- What about particular attitudes or social norms?
Does everyone agree?
- What about peer group? Family?
- Which of these do you think exert the strongest influence on the outputs and goals of the program?

** Facilitator should “star” the most important ones*

- Does everyone agree? Is there anything else you would like to add?

“Does anyone have anything else that they wish to add to the program model? Have we missed anything? Have we put anything down on the map wrong? Thank you very much for your time. This has been an interesting and engaging exercise and we hope you enjoyed it. Have a good day.”